

***Caution:* DRAFT FORM**

This is an advance draft. It is subject to change before it is officially released in November 2006.

Form **PW-1** **Wisconsin Nonresident Income or Franchise Tax Withholding on Pass-Through Entity Income**

2006

For 2006 or taxable year beginning and ending .


If this is an amended return, check here ☐

Part 1: Pass-Through Entity Information

Name of Pass-Through Entity Withholding the Tax		Federal Employer ID Number	
Number and Street		For Estates Only: Decedent's Social Security Number	
City	State	ZIP Code	
Person to Contact Regarding This Information		Telephone Number	
Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (<i>check one</i>)			
<input type="checkbox"/> 5S <input type="checkbox"/> 3 <input type="checkbox"/> 2			

1	Total pass-through income under Wisconsin law (<i>see instructions</i>)	1	_____	.00
2	Total tax withheld (from Part 2, line 8)	2	_____	.00
3	Interest due (<i>see instructions</i>)	3	_____	.00
4	Total amount due	4	_____	.00

I declare, under penalties of law, that this return is true, correct, and complete to the best of my knowledge and belief.

Preparer's Signature 	Date
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If you have obtained a waiver from electronic filing, mail completed form with payment to:

Wisconsin Department of Revenue
PO Box 8932
Madison, WI 53708-8932

☐ For DOR purposes only



Part 2: Nonresident Shareholder, Partner, Member, or Beneficiary Information

(Note: See instructions corresponding to each column letter)

L i n e	A. Nonresident's Name and Address	B. FEIN or SSN	C. Tax Form	D. Ownership or Profit/Loss %	E. Share of Wisconsin Taxable Income	F. Gross Withholding	G. Share of Tax Credits and Tax Previously Withheld	H. Net Withholding Due
a	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
b	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
c	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
d	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
e	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
f	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
g	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
h	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
i	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
5 Total withholding this page								\$
6 Number of additional pages included _____. Total of line 5 amount from all additional pages								\$
7 If this is an amended return, enter amount paid with the original return								\$
8 Total income or franchise tax withheld. Add lines 5 and 6, less line 7. Enter total on Part 1, line 2								\$